

**CONTRACT #23**  
**RFS # 318.66-051**

**Department of Finance &  
Administration  
Bureau of TennCare**

**VENDOR:**  
**United HealthCare Plan of  
the River Valley, Inc.**

## REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

MAY 14 2007

FISCAL REVIEW

APPROVED

Commissioner of Finance &amp; Administration

Date:

## EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED

1) RFS #	318.66-051	
2) State Agency Name	Department of Finance and Administration, Bureau of TennCare	
EXISTING CONTRACT INFORMATION		
3) Service Caption	Provision of Physical and Behavioral Health Services to TennCare Enrollees in the Middle Tennessee Region	
4) Contractor	United HealthCare Plan of the River Valley, Inc.	
5) Contract #	FA-07-16937-00	
6) Contract Start Date	August 15, 2006	
7) Current Contract End Date IF all Options to Extend the Contract are Exercised	June 30, 2010	
8) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised	\$874,354,462.00	
PROPOSED AMENDMENT INFORMATION		
9) Proposed Amendment #	2	
10) Proposed Amendment Effective Date (attached explanation required if date is > 60 days after F&A receipt)	JUL 1 2007	
11) Proposed Contract End Date IF all Options to Extend the Contract are Exercised	June 30, 2010	
12) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised	\$874,354,462.00	
13) Approval Criteria: (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service:		
This amendment includes the following modifications: (1) Clarify National Provider Identification (NPI) requirements consistent with CMS requirements; (2) Revise language to be consistent with current policies for coordination with Department of Education, Project Teach and school based providers; (3) Clarify LEP provisions and Teen Newsletter requirements; (4) Modify reporting as it relates to PCP and emergency room visits; emergency department utilization, disease management and case management, nurse triage 24/7 line, and NCQA Reports; (5) Add language for consistency with NCQA requirements, and (6) Housekeeping revisions made for		

consistency throughout the agreement.

**15) Explanation of Need for the Proposed Amendment :**

The need for this amendment is to include and enforce language modifications as detailed in item #14 above.

**16) Name & Address of Contractor's Current Principal Owner(s) :**  
(not required if proposed contractor is a state education institution)

Richard L. Bartsh, M.D.  
President  
United Healthcare Plan of River Valley, Inc.  
1300 River Drive  
Moline, IL 61265

**17) Documentation of Office for Information Resources Endorsement :**  
(required only if the subject service involves information technology)

select one:

☒ Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

**18) Documentation of Department of Personnel Endorsement :**  
(required only if the subject service involves training for state employees)

select one:

☒ Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

**19) Documentation of State Architect Endorsement :**  
(required only if the subject service involves construction or real property related services)

select one:

☒ Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

**20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :**

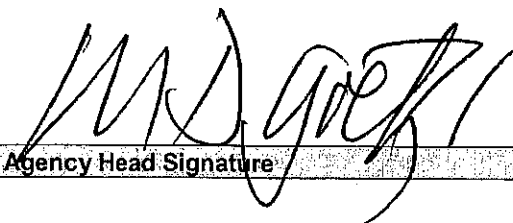
This contract was competitively awarded in August, 2006. This amendment includes language not originally included in the RFP and the resulting contract, therefore it is considered a non-competitive amendment.

**21) Justification for the Proposed Non-Competitive Amendment :**

The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with Fiscal Review as well as CMS. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval of this amendment by the Commissioner of F&A.

**REQUESTING AGENCY HEAD SIGNATURE & DATE**

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR—signature by an authorized signatory will be accepted only in documented exigent circumstances)



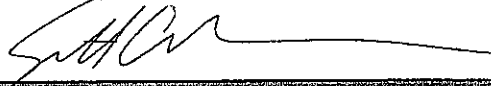
Agency Head Signature

5/11/07

Date

# CONTRACT SUMMARY SHEET

021406

<b>RFS#</b>				<b>Contract#</b>			
<b>318.66-051</b>				<b>FA-07-16937-02</b>			
<b>State Agency</b>				<b>State Agency Division</b>			
Department of Finance and Administration				Bureau of TennCare			
<b>Contractor Name</b>				<b>Contractor ID# (FEIN or SSN)</b>			
UnitedHealthCare Plan of the River Valley, Inc.				<input type="checkbox"/> C- or <input checked="" type="checkbox"/> X <input type="checkbox"/> V- 363379945 01			
<b>Service Description</b>							
Provision of Physical and Behavioral Health Services to TennCare Enrollees in the Middle Tennessee Region							
<b>Contract BEGIN Date</b>		<b>Contract END Date</b>		<b>Subrecipient or Vendor?</b>		<b>CFDA#</b>	
August 15, 2006		June 30, 2010		subrecipient		93.778 Dept. of Health and Human Services/Title XIX	
<b>Mark Each TRUE Statement</b>							
<input type="checkbox"/> Contractor is on STARS				<input type="checkbox"/> Contractor's Form W-9 is on file in Accounts			
<b>Allotment Code</b>		<b>Cost Center</b>		<b>Object Code</b>		<b>Fund</b>	
318.66		4M9		134		11	
<b>Funding Grant Code</b>		<b>Funding Subgrant Code</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>		
2007	\$ 63,416,928.00	\$ 111,453,960.00			\$ 174,870,888.00		
2008	\$ 253,667,718.00	\$ 445,815,856.00			\$ 699,483,574.00		
2009					\$ -		
2010					\$ -		
					\$ -		
					\$ -		
<b>TOTAL</b>	\$ 317,084,646.00	\$ 557,269,816.00	\$ -	\$ -	\$ 874,354,462.00		
<b>— COMPLETE FOR AMENDMENTS ONLY —</b>				<b>State Agency Fiscal Contact &amp; Telephone #</b>			
<b>FY</b>	<b>Base Contract &amp; Prior Amendments</b>	<b>THIS Amendment ONLY</b>	Scott Pierce 507-6415				
2007	\$174,870,888.00		<b>State Agency Budget Officer Approval</b>				
2008	\$ 699,483,574.00						
2009			<b>Funding Certification</b> (certification required by T.C.A. § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)				
2010							
		\$ -					
<b>TOTAL</b>	\$ 874,354,462.00	\$ -					
<b>End Date</b>		June 30, 2010					
<b>Contractor Ownership (complete only for base contracts with contract # prefix FA or CR)</b>							
<input type="checkbox"/> African American		<input type="checkbox"/> Person w/ Disability		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Small Business	
<input type="checkbox"/> Asian		<input type="checkbox"/> Female		<input type="checkbox"/> Native American		<input checked="" type="checkbox"/> NOT disadvantaged	
						<input type="checkbox"/> OTHER minority/disadvantaged—	
<b>Contractor Selection Method (complete for ALL base contracts — N/A to amendments or delegated authorities)</b>							
<input checked="" type="checkbox"/> RFP		<input type="checkbox"/> Competitive Negotiation		<input type="checkbox"/> Alternative Competitive Method			
<input type="checkbox"/> Non-Competitive Negotiation		<input type="checkbox"/> Negotiation w/ Government (eg, ID, GG, GU)		<input type="checkbox"/> Other			
<b>Procurement Process Summary (complete for Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)</b>							